MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Applicant Information – FORM A

1. APPLICANT IDENTIFICATION

APPLICANT (ORGANIZATION'S OFFICIAL OR LEGAL NAME):	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY:	
ZIP CODE:	

2. CONTACT INFORMATION

PROJECT ADMINISTRATOR/ CONTACT PERSON:	
DAY PHONE NUMBER:	
FAX NUMBER:	
E-MAIL:	

3. GENERAL INFORMATION

STATE REPRESENTATIVE & DISTRICT # (WHERE PROJECT IS LOCATED):	
STATE SENATOR & DISTRICT # (WHERE PROJECT IS LOCATED):	
EMPLOYER IDENTIFICATION #:	
PROJECT LOCATION STREET ADDRESS (NO P.O. BOX):	
CITY:	
ZIP CODE:	
COUNTY (WHERE PROJECT IS LOCATED):	

3. PROJECT TYPE

❑   NEW PROGRAM OFFERED   ❑   EXPANDED EXISTING PROGRAM

4. PROJECT PERIOD REQUESTED

❑   6 - MONTH

❑   1 - YEAR

5. PROJECT CATEGORIES

CHECK ALL THAT APPLY

ECONOMIC DEVELOPMENT:

❑ COMMERCIAL DEVELOPMENT OR REDEVELOPMENT

❑ INCUBATOR
❑ MICRO-LOAN PROGRAM

HOUSING:

❑ NEW CONSTRUCTION

❑ REHABILITATION
❑ DOWNPAYMENT ASSISTANCE

HUMAN SERVICES:

❑ JOB TRAINING/PLACEMENT

❑ CREDIT COUNSELING AND BUDGETING

6. GRANT REQUEST AND PROJECT BENEFICIARIES

TOTAL FUNDS REQUESTED FROM CDCGP:

TOTAL APPLICANT FUNDS DEDICATED TO THIS PROJECT:

TOTAL OTHER FUNDS (IDENTIFY SOURCES):

TOTAL PROJECT COST:

TOTAL NUMBER OF BENEFICIARIES BY CATEGORY:

ECONOMIC DEVELOPMENT -
 NUMBER OF JOBS CREATED OR RETAINED:

HOUSING –
 NUMBER OF PERSONS RECEIVING NEW OR REHABBLED HOUSING OR
 DOWNPAYMENT ASSISTANCE_____ X 2.48 (AVE # PER HH):

HUMAN SERVICES –
 NUMBER OF PERSONS RECEIVING JOB TRAINING OR
 PLACEMENT OR CREDIT COUNSELING AND BUDGETING:

TOTAL BENEFICIARIES:

TOTAL PROJECT COST DIVIDED BY TOTAL BENEFICIARIES:

TOTAL FUNDS REQUESTED FROM CDCGP DIVIDED BY TOTAL BENEFICIARIES:

7. PROJECT SUMMARY

USE THE SPACE BELOW TO PROVIDE A BRIEF EXPLANATION OF THE PROPOSED PROJECT. THIS SUMMARY MAY BE PROVIDED TO INTERESTED PARTIES INCLUDING THE LEGISLATURE AND THE MEDIA.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Narrative Questions – All Projects – FORM B

ON A SEPARATE SHEET OF PAPER LABELED FORM B (NUMBERED AS THEY APPEAR HERE) PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS.

AP-1.   Please describe in detail the project you are proposing to the CDCGP. (Include a description of the need, the target audience, and how the project will address the need.)

AP-2.   Explain in clear and concise detail how the project will be administered.

AP-3.   Explain how this project helps your organization reach its overall goals/mission.

AP-4.   Explain how your target audience was involved in the development of this project.

AP-5.   Describe the estimated demographic characteristics of the service area and proposed beneficiaries by completing the following. **The number of project beneficiaries should equal the total number of persons you intend to directly benefit with this project. A direct beneficiary is a person who actually receives the service (new job, new or rehabbed house, down payment, job training/placement, or credit counseling and budgeting). This number should match Form A Question 6:**

	Pop	% Min	FHH	MHI	Av Ed	% PA	UE	UndE
Service Area								
Project Beneficiaries								

Pop   = Population or number of persons
% Min   = percent Minorities
FHH   = Female Head of Household
MHI   = Median Household Income
Av Ed   = Average completed educational grade
% PA   = Percent receiving public assistance
UE   = Unemployment rate
UndE   = Percent underemployed

	#HH	%OvC	%OO	%RO	%V	%CB
Service Area						
Project Beneficiaries						

#HH   = Number of households
%OvC = Percentage of overcrowded households
%OO   = Percentage of owner occupied households
%RO   = Percentage of renter occupied households
%V   = Percentage of vacant households
%CB   = Percentage of cost burdened households (persons paying more than 30% of their income on their housing needs – mortgage or rent)

AP-6.   Is this a new project or program offered by the CDC, or an expanded existing project or program offered by the CDC?

AP-7.   Has this project been partially funded, fully funded, or not funded by the CDCGP in the past?

AP-8.   Will the funds that you are requesting from the CDCGP fully fund the project or will it serve as gap financing of the project?

AP-9.   Is this project currently receiving grants/tax credits from other DED/Community Development Programs? *(Brownfield Redevelopment Program, CDBG, Enterprise Zone, Family Development Account, Main Street Program, MCB, Missouri Arts Council, Missouri Service Commission, MoROC, Neighborhood Assistance Program, Neighborhood Preservation Tax Credit Program, REAP, Youth Opportunities Program)* If so, provide a copy of the budget page that was submitted.

AP-10.   Has your organization applied for assistance from any of the above-mentioned programs for FY 2005? If so, provide a copy of the budget page that was submitted.

AP-11.   If this is a previously funded project, explain why you feel the CDCGP should fund this project again. Explain in detail the previously funded project's overall progress, performance, other resources developed, continued need, and potential for eventual self-sufficiency.

AP-12.   What is your organization's total operating budget? (*Department of Economic Development reserves the right to request a copy of your IRS 990 at any time.*)

AP-13.   How many staff persons currently work for your organization? How many of these positions are contracted positions?

AP-14.   List the persons that will directly work with this project. Describe their expertise.

AP-15.   Provide a listing of all services offered by your organization.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Category Specific Narrative Questions – FORM C

ON A SEPARTE SHEET OF PAPER LABELED FORM C (NUMBERED AS THEY APPEAR HERE) ANSWER ONLY THE NARRATIVE QUESTIONS FOR THE CATEGORY(S) UNDER WHICH YOU MAY BE APPLYING.

ECONOMIC DEVELOPMENT

COMMERICAL DEVELOPMENT OR REDEVELOPMENT

ED-CDR-1.   Describe in detail the property to be developed or redeveloped (include exact location).
ED-CDR-2.   Do you have site control (option, ownership)?
ED-CDR-3.   What is the proposed use of the property? (If lease or rental, list proposed tenants and rental income – attach a pro forma if available.)
ED-CDR-4.   Describe the maintenance plan for the property.
ED-CDR-5.   How long will the property remain an asset of the CDC?

INCUBATOR

ED-I-1.   Describe in detail the property to be developed or redeveloped into an incubator (include exact location).
ED-I-2.   Do you have site control (option, ownership)?
ED-I-3.   How many new or growing businesses will the space allow for?
ED-I-4.   What common support systems or structure will the new businesses share?
ED-I-5.   How will these common support systems be financed or supplied?
ED-I-6.   Describe the rent structure to be applied to the tenant businesses.
ED-I-7.   How long will the businesses be allowed space in the incubator?

MICRO-LOAN PROGRAM

ED-ML-1.   What is the proposed interest and term (length) of each loan?
ED-ML-2.   Describe eligible applicants to your micro-loan program.
ED-ML-3.   Describe/list the eligible activities or uses of the loan proceeds.
ED-ML-4.   What is the maximum amount proposed for any loan?
ED-ML-5.   Who will participate on the loan review board and make decisions on loan applications?
ED-ML-6.   Who will service the loan portfolio (calculate payments, send notices, initiate collections, track balances)?
ED-ML-7.   What type of collateral will be required for each loan?

HOUSING

NEW CONSTRUCTION

H-NC-1.   Are the units proposed for construction single family or multi-family?
H-NC-2.   How many units (by type) are proposed in total?
H-NC-3.   Describe in detail the property(s) proposed for the new construction (include exact location).
H-NC-4.   Do you have site control (option, ownership)?
H-NC-5.   Describe the design of the home (# bedrooms, # bath, total square footage) and the total cost of construction. (A copy of an 8 1/2 by 11 floor plan will suffice as a response to this question.)
H-NC-6.   What is the proposed sale price?
H-NC-7.   Are down payment and mortgage options to be made available to buyers?
H-NC-8.   Describe how you will "income qualify" potential buyers.
H-NC-9.   What impact will the new homes have on the area?
H-NC-10.   Who is the proposed builder of the homes?

REHABILITATION

H-R-1.   Are the proposed properties for rehabilitation single family or multi-family? (If photos are available, they can be included here.)
H-R-2.   If single family, are they owner-occupied?
H-R-3.   If single-family renter occupied how will the landlord participate in the rehabilitation?
H-R-4.   Describe how you will "income qualify" the program participants.
H-R-5.   How will select properties for rehabilitation?
H-R-6.   To what standard will the properties be rehabilitated?
H-R-7.   Will the funds be a loan or a grant to the property owner? Describe.
H-R-8.   What is the maximum amount of funds available for any one house?
H-R-9.   Describe how you will address any lead-based paint or asbestos issues.
H-R-10.   Describe the process for inspection, write-up, cost estimates, and contract for rehabilitation services.
H-R-11.   What impact will the rehabilitation have on the area?

DOWN PAYMENT ASSISTANCE

H-DP-1.   What is the maximum amount of down payment assistance you will provide to any one homebuyer?
H-DP-2.   How will you "income qualify" the homebuyer?
H-DP-3.   What existing mortgage lenders will you work with to provide this program?
H-DP-4.   Will the down payment be a grant or a "second position" loan? Describe.
H-DP-5.   Will homebuyers be limited to purchasing homes in a specific area?
H-DP-6.   Will the down payment assistance be limited to persons residing within the CDC area currently?

HUMAN SERVICES

JOB TRAINING/PLACEMENT

HS-JTP-1.   Describe in detail the job training and placement services proposed. (Include curriculum examples if available.)

HS-JTP-2.   How will this complement the local work of the Workforce Investment Board and Career Center?

HS-JTP-3.   Do you have existing relationships with local businesses to accomplish placement of eligible workers?

HS-JTP-4.   Is transportation an issue? If so, how will it be addressed?

HS-JTP-5.   Is high school or equivalent education an issue? If so, how will it be addressed?

HS-JTP-6.   Is English language an issue? If so, how will it be addressed?

HS-JTP-7.   Where will the job training services take place? Please describe the suitability of the building for this purpose and the location in comparison to your target audience.

CREDIT COUNSELING AND BUDGETING

HS-CCB-1.   Name the HUD approved credit-counseling agency that you will partner with in this project.

HS-CCB-2.   Describe your role and the role of the credit-counseling agency.

HS-CCB-3.   Describe the expertise on staff at the CDC with home budgeting.

HS-CCB-4.   Describe the curriculum to be offered.

HS-CCB-5.   How will you assure that persons complete the course(s)?

PROPOSED OPERATING BUDGET (Page 1 of 2)						
	CDCGP Source #1	Actual Source #2	Actual Source #3	Actual Source #4	Actual Source #5	TOTAL OF ALL SOURCES
SOURCES OF SUPPORT:						
EXPENSES						
ADMINISTRATION EXPENSES:						
President/Executive Director	$	$	$	$	$	$
Fringe Benefits	$	$	$	$	$	$
Fiscal Officer	$	$	$	$	$	$
Fringe Benefits	$	$	$	$	$	$
Project Manager	$	$	$	$	$	$
Fringe Benefits	$	$	$	$	$	$
Administrative Assistant	$	$	$	$	$	$
Fringe Benefits	$	$	$	$	$	$
Other:	$	$	$	$	$	$
Fringe Benefits	$	$	$	$	$	$
TOTAL ADMIN. EXPENSES	$	$	$	$	$	$
INDIRECT EXPENSE:						
Office Rent (Building Lease)	$	$	$	$	$	$
Equipment	$	$	$	$	$	$
Office Supplies	$	$	$	$	$	$
Postage	$	$	$	$	$	$
Telephone/Fax/Internet	$	$	$	$	$	$
TOTAL INDIRECT EXPENSES	$	$	$	$	$	$

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
2005 APPLICATION: Budget – Instructions – FORM D (Page 1)

The following explanations will assist you in completing the expense line items on Form D.

ADMINISTRATIVE EXPENSES

Salaries/Fringe

Enter the amount for the full and part-time staff that will be assigned to this project. Amounts should be pro-rated to reflect the approximate percentage of time devoted to the project. This does not include overtime or bonuses. **The amount of salaries that an organization can apply to the CDCGP for can ONLY be 40% of the total grant amount request**. For example, if you are requesting $50,000, only $20,000 can make up the salaries/fringe benefits portion of the grant ($50,000 x 40% = $20,000).

INDIRECT EXPENSES

Office Rent (Building Lease)

Enter the amount needed for the rental or lease of all facilities needed during your CDCGP project period. These costs should be comparable to the prevailing space costs in the community or geographic area in which you are located.

*Equipment

Enter the amount needed for the purchase, lease, or rental of equipment, furnishings, and other related items that will be used in the proposed CDCGP project. Please use reasonable and current costs in your area to determine the amount requested.

Office Supplies

Enter the amount needed for all expendable supplies to be used during the project period. Items such as paper clips, paper, pens, etc… should be calculated at a reasonable use at cost per year. Please use a separate figure for any unusually large supply needs that relate to carrying out the project.

Postage

Enter the amount needed for the cost of postage including special delivery mail, certified mail, and special packaging that directly relates to carrying out the project.

Telephone/Fax

Enter the amount needed for the cost of telephone expenses and expenses to fax that directly relate to carrying out the project.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
2005 APPLICATION: Budget – FORM D (Page 2)

PROPOSED OPERATING BUDGET (Page 2 of 2)						
	CDCGP Source #1	Actual Source #2	Actual Source #3	Actual Source #4	Actual Source #5	TOTAL OF ALL SOURCES
SOURCES OF SUPPORT:	[CDCGP]					
DIRECT EXPENSES:						
Staff Training	$	$	$	$	$	$
Staff Travel	$	$	$	$	$	$
Printing/Public Relations	$	$	$	$	$	$
Insurance	$	$	$	$	$	$
Contracts	$	$	$	$	$	$
Construction	$	$	$	$	$	$
Property Acquisition	$	$	$	$	$	$
Other:	$	$	$	$	$	$
Other:	$	$	$	$	$	$
TOTAL DIRECT EXPENSE	$	$	$	$	$	$
GRAND TOTALS	$	$	$	$	$	$

DIRECT EXPENSES

Staff Training

Enter the amount needed for the cost of the training, conference, or workshop to be attended during the project period. These costs should include travel expenses such as meals, airline ticket, etc. Please use reasonable costs to determine the amount requested. If you need meal per Diems or a cost estimation for in state or out-of-state, please call (573) 522-8004.

Staff Travel

Enter the amount needed for the cost of travel required to conduct business locally and out-of-town (within the State of Missouri). Mileage rates should be reasonable in comparison to the State's mileage rate which is approximately $.31/mile. Mileage should directly relate to the nature of the CDCGP project.

*Printing/Public Relations

Enter the amount needed for the cost to produce documents, brochures, media publications, etc. to implement the project. Please use reasonable and current costs in your area to determine the amount requested.

Insurance

Enter the amount needed for the cost to provide necessary coverage to implement the project to its fullest capacity. For example, if you are rehabbing a building into a business incubator and need to insure the building against possible liability claims or employing people other than staff (ex. target residents) to do construction on houses and need insurance for worker's compensation.

*Contracts

Enter the amount that will be used for paid services that are not compatible with hiring of a full or part-time staff person. This includes accounting, consulting, legal fees, auditing, architectural, engineering and other costs needed to implement the project. *Only the cost to do an audit for the CDCGP project is acceptable. Also, any consultant who charges a fee to write and submit an application to this office is not an eligible expense under this program.*

*Construction

Enter the amount needed to complete the new construction, expansion, and/or renovation of a building/house. These expenses include but are not limited to engineering, design/architectural design, inspections, and other related professional services. All construction cost figures should be reasonable and based on prevailing costs in your community or geographic area. Please provide an estimate of cost per square foot and a brief description of the facility.

Property Acquisition

Enter the amount needed to acquire the land and/or structures required to complete your CDCGP project. These expenses include but are not limited to environmental scans, inspections, and other related expenses. The appraisal must be submitted before funds are released. These costs should be based on current appraisals of the best estimates of property available at the time your application is completed.

Other

Enter the amount needed in this category for such expenses as stipends, materials needed for the project not listed in the categories above, demolition, etc.

Please note that if funded, the Grantee/Project Administrator shall obtain at least three bids for purchases exceeding $3,000 but with a cost of less than $20,000. Purchases exceeding $20,000 must be advertised and written with sealed bids taken.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Budget Justification – FORM E

	Copy CDCGP Line "Source #1" from Budget - Form D	For each expense line item proposed for CDCGP funds, please provide an explanation of how the figure was derived. Use the space below to justify the budgeted amount.
BUDGET JUSTIFICATION (Page 1 of 2)		
SOURCES OF SUPPORT:		
EXPENSES		
ADMINISTRATION EXPENSES:		
President/Executive Director	$	
Fringe Benefits	$	
Fiscal Officer	$	
Fringe Benefits	$	
Project Manager	$	
Fringe Benefits	$	
Administrative Assistant	$	
Fringe Benefits	$	
Other:	$	
Fringe Benefits	$	
TOTAL ADMIN. EXPENSES	$	
INDIRECT EXPENSE:		
Office Rent (Building Lease)	$	
Equipment	$	
Office Supplies	$	
Postage	$	
Telephone/Fax/Internet	$	
TOTAL INDIRECT EXPENSES	$	

BUDGET JUSTIFICATION (Page 2 of 2)		
	Copy CDCGP Line "Source #1" from Budget - Form D	**For each expense line item proposed for CDCGP funds, please provide an explanation of how the figure was derived. Use the space below to justify the budgeted amount.**
SOURCES OF SUPPORT:	**[CDCGP]**	
DIRECT EXPENSES:		
Staff Training	$	
Staff Travel	$	
Printing/Public Relations	$	
Insurance	$	
Contracts	$	
Construction	$	
Property Acquisition	$	
Other:	$	
Other:	$	
TOTAL DIRECT EXPENSE	$	
GRAND TOTALS	$	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Signature Authorization Form – FORM F

I hereby declare that I have been duly authorized by the Board of Directors of this organization to file this application and required attachments with the Community Development Corporation Grant Program, Department of Economic Development. Under the penalties of perjury, I attest that I have examined this application, including all accompanying required attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Note: The application must contain an original signature on this page.

_____   _____
Name of Board President (printed or typed)   Date

_____
Name of Board President (signature)

❖ **The Community Development Corporation Grant Program retains the right to accept, reject, or negotiate, in whole or in part, any or all proposals received.**

❖ **The Community Development Corporation Grant Program (CDCGP) reserves the right to vary the provisions, set forth herein, at any time prior to the execution of a contract where the CDCGP deems such variance to be in the best interest of the CDCGP, and to act otherwise as it deems in its safe discretion.**

❖ **This application is designed to solicit potential projects administered by nonprofit organizations that meet the targeted performance results of the CDCGP, to provide information to allow for a fair selection of projects, and to facilitate the monitoring and evaluation of, and assistance to the nonprofit organizations that are selected.**

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Board of Directors – FORM G

CURRENT MEMBERS OF THE BOARD OF DIRECTORS					
NAME:					
HOME ADDRESS:					
DAY PHONE:					
OCCUPATION:					
POSITION ON THE BOARD:					
RESIDENT OF TARGET AREA:	❑ YES	❑ NO	BUSINESS OWNER IN TARGET AREA:	❑ YES	❑ NO
NAME:					
HOME ADDRESS:					
DAY PHONE:					
OCCUPATION:					
POSITION ON THE BOARD:					
RESIDENT OF TARGET AREA:	❑ YES	❑ NO	BUSINESS OWNER IN TARGET AREA:	❑ YES	❑ NO
NAME:					
HOME ADDRESS:					
DAY PHONE:					
OCCUPATION:					
POSITION ON THE BOARD:					
RESIDENT OF TARGET AREA:	❑ YES	❑ NO	BUSINESS OWNER IN TARGET AREA:	❑ YES	❑ NO
NAME:					
HOME ADDRESS:					
DAY PHONE:					
OCCUPATION:					
POSITION ON THE BOARD:					
RESIDENT OF TARGET AREA:	❑ YES	❑ NO	BUSINESS OWNER IN TARGET AREA:	❑ YES	❑ NO

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Outcome Performance - FORM H

Complete estimates of direct beneficiaries achieving outcomes by quarter for all categories under which you are applying.

Category/Outcome	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Economic Development – Commercial Development or Redevelopment					
Number of new or retained jobs filled by target audience					
Number of new or renovated facilities					
Economic Development – Incubator					
Number of new or retained jobs filled by target audience					
Number of new or renovated facilities					
Economic Development – Micro-loan Program					
Number of new or retained jobs filled by target audience					
Housing – New construction					
Number of new affordable units developed					
Number of new persons in target audience in new units					
Housing – Rehabilitation					
Number of units rehabilitated					
Number of persons in target audience in rehabbed units					
Housing – Down payment assistance					
Number of persons in target audience becoming homeowners					
Human Services – Job training/Placement					
Number of persons in target audience obtaining a life skill					
Number of persons in target audience being placed in new job					
Human Services – Credit counseling and budgeting					
Number of persons in target audience obtaining a life skill					

These totals should match Form A Question 6 and Form B Question AP-5.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2005 APPLICATION: Attachments

A COMPLETE APPLICATION SHALL CONTAIN THE FOLLOWING ATTACHMENTS.

ATTACHMENT 1 – LETTERS OF COMMITMENT

Required:

- ❑ Local government endorsement (by Mayor or Chief Elected Official)
- ❑ Financial commitments from other organizations proposed for this project

Accepted:

- ❑ Letters of support
- ❑ Letters from Senators and Representatives

ATTACHMENT 2 – BUDGET PAGES

Required:

- ❑ A copy of Budget Page from other financial agency commitments
- ❑ A copy of budget page from other financial agency applications

ATTACHMENT 3 – PROOF OF NOT FOR PROFIT STATUS

Required:

- ❑ A copy of your organization's designation of not for profit status with the Missouri Secretary of State's office indicating a business in good standing
- ❑ A copy of your organization's tax-exempt ruling under Section 501(c)(3) of the IRS

ATTACHMENT 4 – MAP OF PROJECT AREA

Required:

- ❑ The map should be sufficient in detail to clearly show the boundaries of the area your organization serves, the location of your office headquarters, and the boundaries of the proposed project area if different than your whole service area.

ATTACHMENT 5 – ARTICLES OF INCORPORATION

Required:

- ❑ Highlight the areas that reference or match the purposes for the project for which you are applying.

ATTACHMENT 6 – BYLAWS

Required:

- ❑ Highlight the areas that reference or match the purposes for the project for which you are applying.